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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42970

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 297

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Maricopa STATE ARIZONA REGISTERED NO. 265

TOWNSHIP _____ OR VILLAGE _____ OR
CITY Phoenix NO. 314 E. La Patra ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE
IN CITY OR TOWN WHERE DEATH OCCURRED 40 YRS. _____ MOS. _____ DS. HOW LONG IN STATE IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Fabian H. Lama HOW LONG IN STATE WHEN DEATH OCCURRED 40 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. 314 E. La Patra ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 25, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dolores H. Lama</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 15</u> , 19 <u>35</u> , TO <u>Feb 25</u> , 19 <u>35</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18, 1895</u>				I LAST SAW H. <u>in</u> ALIVE ON <u>Jan 25</u> , 19 <u>35</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3</u> P. M.		
7. AGE YEARS <u>40</u> MONTHS _____ DAYS _____	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pol. Th.</u>		DATE OF ONSET <u>Unknown</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Truck driver</u>	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			NAME OF OPERATION _____ DATE OF _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Phoenix</u> <u>Arizona</u>	13. NAME <u>Pedro J. Lama</u>			WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>	15. MAIDEN NAME <u>Lillie Ward</u>			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>San Antonio</u> <u>Texas</u>	17. INFORMANT <u>Dolores H. Lama</u> (ADDRESS) <u>314 E. La Patra</u>			WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Francis</u> DATE <u>Feb 27, 1935</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
19. EMBALMER LICENSE NO. <u>819-a</u> SIGNATURE <u>John D. White</u> FUNERAL DIRECTOR <u>Martinez & Montano</u> ADDRESS <u>1022 E. Washington</u>	20. FILED <u>3-2</u> , 19 <u>35</u> <u>O. W. Tholony</u> REGISTRAR			MANNER OF INJURY _____ NATURE OF INJURY _____ 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY _____ (SIGNED) <u>John D. White</u> (ADDRESS) _____		